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ABSTRACT

State and county initiatives in California have sparked a movement for integration of social services. The practical lessons learned by communities integrating services for children and families were studied and are presented in this report. The study draws on the experiences of seven California communities (Fresno County, Los Angeles County, Oakland, San Bernardino County, San Diego County, San Francisco, and Watsonville). Findings are presented under the following broad headings: (1) progress on changes in service delivery versus systems change; (2) ramifications of Healthy Start, a state grant initiative that encourages school-linked services; (3) approaches to governance; (4) challenges to the process of collaboration; (5) strategies to increase parent involvement; and (6) factors that will promote sustainability. Eighteen professionals from the seven communities provided report information. Overall, the sites have made marked progress toward service integration. Although they have made progress in changing the delivery of services, the communities have generally been thwarted in making system changes. The Healthy Start initiative has provided essential leadership and funds, but has brought some barriers of its own to local initiatives. Three appendixes contain a description of the sites, a list of participants, and the interview questions. (SLD)

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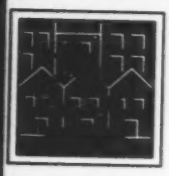

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School-Linked Service Integration in Action: Lessons Drawn from Seven California Communities

by Victoria Carreón
and Wendy J. Jameson

October 1993

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CALIFORNIA SCHOOL-BASED SERVICE INTEGRATION PROJECT

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and Wendy J. Jameson

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EXECUTIVE SUMMARY

A series of California State and county initiatives have sparked a service integration movement in California. The practical lessons learned by communities integrating services for children and families are instructive to both policy makers and communities wishing to begin service integration initiatives. This study was conducted through the California Research Institute at San Francisco State University. It draws on the wealth of knowledge about the challenges and successes of service integration that has grown at the local level. Seven California communities (Sites) were interviewed: Fresno County, Los Angeles County, Oakland, San Bernardino County, San Diego County, San Francisco, and Watsonville.

The main findings of this study fall under six broad headings: progress on changes in service delivery versus systems change; ramifications of Healthy Start, a California state grant initiative that encourages school-linked services; approaches to governance; challenges to the process of collaboration; strategies to increase parental involvement; and factors that will promote sustainability.

Progress on Service Delivery Change vs. Systems Change: The seven Sites have been working towards service integration for one to five years. Some local efforts grew out of state legislative initiatives that encouraged counties and local school districts to collaborate and integrate services while others came from local initiatives. On the whole, Sites feel they have made gradual but substantial progress in integrating services. They have had the most success in areas such as coordinating services and providing one access point for services. However, Sites feel that there are still many obstacles to system-wide change that cannot be solved at the local level and require legislative directives at the State and federal level. Some of these areas include: reducing eligibility burdens, blending funding streams, and coping with the separate nature of school and county governance.

Healthy Start: The Healthy Start initiative provided much needed leadership and funds to jump-start development of local school-linked services models. However, some Sites feel that Healthy Start is too "educentric" and does not provide the incentives needed to spread the burden of collaboration equally among collaborative partners. Some Sites faced the challenge of integrating the initiative into children's services reforms already underway. Because of the uncertain State budget situation, Sites also felt time pressure to plan their efforts too quickly in order to apply for operational grants while money was available. The large number of pilot sites that grew out of Healthy Start also made some communities feel overwhelmed. In addition, some Sites that already had working school-linked models found it difficult to translate their models into fundable Healthy Start proposals. Sites have been unable to overcome all the barriers created by Healthy Start but agree that it has been invaluable in spearheading the school-linked services effort.

Approaches to Governance: Service integration originated in varied ways among the seven California communities. For most, the process began top-down with county or school district leadership. Others started at the middle management level while one began at the community, grass-roots level. Sites recommended one of two approaches: start top-down and transition to bottom-up; or encourage a top-down and bottom-up process to occur simultaneously. Both variants of this idea focus on the necessity of multi-level input to obtain the support of all actors involved. Sites have many strategies for fostering buy-in of teachers, line personnel and key agency officials. When first setting up a governance structure for a collaborative, Sites emphasized the need to have the structure set early in the process, the importance of formalized collaborative agreements, and the wisdom of not having a lead agency in the long run.

Process of Collaboration: For many people, the idea of collaboration is new and difficult to adjust to after years of categorical programs and "projectitis." Sites have learned a great deal about the processes needed to move people towards this new mode of thinking. Sites have experienced many challenges in this arena and have overcome some of them, but the main lesson is that collaboration will be an evolving process that will take much longer than Sites and policymakers anticipated. Building strong relationships, trust, and learning to make consensus decisions is difficult to foster in a time when public and private institutions are in financial jeopardy.

Parental Involvement: All seven Sites place a high value on parental involvement. Sites have been very successful in encouraging parents to become active partners at the service delivery level. However, Sites have had less success getting parents involved in governance. Site strategies to increase involvement have focused on strategies such as gradual involvement, sustained commitment to parents and building on past parental involvement initiatives.

Sustainability: The state fiscal crisis has placed a dark cloud over the potential sustainability of service integration efforts. Many Sites feel that the grant nature of Healthy Start and the shrinking budgets of public agencies have placed the future of local efforts, expansion efforts and system-wide change in jeopardy. Some Sites feel that the vision of collaboration is so imbedded in the mind-set of their communities that this alone will sustain it. Others perceive that there has not been enough buy-in by actors at all levels to provide the necessary leadership for the long-term. Sites have many ideas about strategies that could create sustainability such as: publicizing positive outcomes for children as soon as possible; having a broad, flexible vision; and creating a strong constituency of parents who will advocate for service integration.

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INTRODUCTION

A series of California State and county initiatives have sparked a service integration movement in California. The practical lessons learned by communities integrating services for children and families are instructive to both policy makers and communities wishing to begin service integration initiatives. This study draws on the wealth of knowledge about the challenges and successes of service integration that has grown at the local level.

The study had several purposes: to illustrate the main lessons local initiatives have learned in integrating services; to identify the major barriers to service integration and strategies used to overcome them; to document the ramifications of California's Healthy Start initiative to encourage school-linked services; and to explore ways to create sustainability of service integration efforts. Eighteen education and human services professionals were interviewed from seven California communities: Fresno County, Los Angeles County, Oakland, San Bernardino County, San Diego County, San Francisco, and Watsonville.[1]

These seven Sites were linked together through the California School-Based Service Integration Project, a federally funded project which operated through the California Research Institute at San Francisco State University. The Project provided a network for the Sites to share information and exchange ideas about school-linked services. The Project also provided ongoing technical assistance to the Sites and linked them to State policymakers to create a dialogue about State-level policy reform needed to facilitate local progress.

The main findings of this study fall under six broad headings: progress on service delivery changes versus systems level changes; ramifications of California's Healthy Start initiative; approaches to governance; challenges to the process of collaboration; strategies to increase parental involvement; and factors that will promote sustainability.

[1]Hereafter these communities will be referred to as Sites.

PART I- Progress on Service Delivery Change vs. Systems Change

The seven Sites have been working towards service integration for a period of one to five years. Some local efforts grew out of state legislative initiatives that encouraged counties and local school districts to collaborate and integrate services while others came from local initiatives. For example, the San Bernardino County Children's Network was a local initiative that grew when SB 997 was passed. This California legislation was passed in 1989 and allows counties to create county collaborative councils that can apply for waivers to state regulations to provide more efficient children's services.[2] Other Sites also originated from local initiatives. For example, San Diego County created a collaborative called New Beginnings in 1987 and Fresno County created a collaborative called Fresno Tomorrow in 1988-89. Other Sites such as San Francisco and Los Angeles County had both initiated small-scale collaborative projects in the 1980s.

In 1991, the California State legislature passed SB 620. This law created Healthy Start, an initiative to encourage local education agencies (LEAs) to collaborate with other human services agencies to provide school-linked services. Healthy Start provided fuel to Sites such as Oakland and Watsonville to move nascent school-linked services efforts forward more quickly.

While the models at all these Sites varied from school-linked models to community centered models, they all had several common goals they wanted to achieve: reform children's services to make them more coordinated, efficient and effective; address the total needs of the child and family; aim towards prevention as opposed to crisis intervention; have most services at one access point, either in the school or in a central community location; and generate enduring changes in the fragmented children's services system.

Sites have made varied levels of progress on these core goals. On the whole, Sites feel they have made gradual but substantial progress in integrating services. Sites perceive that they have been most successful in achieving goals that change the nature of service delivery but least successful in fostering long-term systems change.

<u>Progress on Reforming Service Delivery</u>
Sites have changed the service delivery system in a variety of creative ways to better address the comprehensive needs of children and families. All Sites have begun to provide services at one access point at or near school grounds. These service centers are usually staffed by a combination of people. Some

[2]A collaborative in this contexts a formalized group of agencies, families and other relevant community representatives, that come together to create common goals and to jointly design and implement a more integrated and comprehensive system for children's services.

centers rely heavily on out-stationed county social workers and mental health workers while other centers obtain staffing from CBOs or parent volunteers. Sites had been able to provide a wide variety of health, academic, and social services at these centers with limited funds. In Oakland for example, Healthy Start sites have begun to provide dental screenings and sealants with the use of volunteer dentists and dental hygienists.

Another common strategy is case management. Sites have begun assigning children and families to case managers or case management teams that help families navigate the children's services system to make sure that short-term and long-term needs are addressed comprehensively. In San Bernardino, one case manager goes out to the homes of at-risk youths and helps them with any issues that arise--from health needs to paying rent and utility bills. While case management is perceived as a new paradigm for delivery of services, there have been some barriers to implementing it successfully. Many line workers are unfamiliar with case management and have difficulty knowing how to put this strategy into practice. In other cases, students and their families are not willing to partake in the long-term intervention required for case management to work properly. The experiences of Watsonville are highlighted below.

Coordinating Service Delivery for High School Students
While Watsonville has made great progress in coordinating services, collaborators have found that it is not always easy to do case management in a high school setting. Often, students come into the Healthy Start Center for a one-time counseling problem and do not return. This is problematic because case managers feel that they do not have adequate time to fully assess the students' needs in one visit and the teen may have many unrevealed service needs. Case managers are now trying to motivate high school students to stay involved by encouraging family involvement. In contrast, elementary students have been easier to work with because younger students are more dependent on their families and case managers are more apt to be able to involve the family.

Progress has been made on service delivery goals because they lie at the heart of many Sites' goals for service integration and because they are the easiest changes to make at the local level. For example, co-locating service at the school site or out-stationing workers can be done at the local level without assistance from the State or federal level. While these reforms have represented major strides in improving service delivery for children and families, the reforms have not grappled with the onerous task of changing the entire service delivery system.

Barriers to Systems Change

There are still many obstacles to creating system-wide changes that many Sites realize cannot be solved at the local level. Sites have learned that it is not always possible to work around laws that involve regulations and potential audits. Sites feel particularly stymied by eligibility standards, the categorical nature of funding streams, moving towards a preventive model, providing a comprehensive range of services that meet the needs of children and families, and coping with differing school and county governance systems.

Creating Standard Eligibility Requirements

Sites feel somewhat powerless to make changes in eligibility requirements for public assistance programs. While Sites can create common intake forms, they do not have the authority to shorten applications for entitlements such as Medi-Cal. Nor do they have the power to change eligibility definitions to make them more consistent across federal and State public assistance programs. These changes would have to be done at the State and federal legislative and administrative levels.

Overcoming the Categorical Nature of Programs and Funding Streams

Another looming problem facing Sites is the categorical nature of funding streams. Sites have met roadblocks trying to blend funding or expand the roles of existing personnel to administer services traditionally provided through other agencies. Public agencies such as County Social Services Departments must submit administrative claims to be reimbursed by the State for services they provide. The categories of services line workers can claim under are narrowly defined under each entitlement program. In addition, each agency has its own administrative claiming procedures.

This process becomes problematic at the local level in two ways. First, workers cannot claim for services that reach beyond what they provide traditionally because of constraints in what services are reimbursable. Sites fear problems from auditors if they try to claim for unspecified services under existing codes. Second, when different agencies expand staff roles and work together to administer similar services to the same clients, it is unclear who should claim for what service. Some Sites fear that the new California LEA Medical Billing Option will further complicate this problem. This is a new billing category that allows school districts to be reimbursed for health services and to reinvest the funds into collaborative provision of children's services. If both schools and health providers are administering similar services to the same children and families, it is unclear how much each individual agency can claim for the services.

Sites would like to see greater flexibility in administrative claiming procedures. First, Sites would like to see a more streamlined process within each department and then a more flexible process that spans across county departments. These problems go to the crux of the categorical nature of

funding and would require large changes in the nature of funding disbursement at the federal and State level.

Focusing on Prevention

Sites feel that services for children and families should move from a crisis intervention model to a more preventive model. However, this change is not always possible at the local level. For instance, State laws and regulations do not allow State-funded mental health workers to administer preventive services. Thus, in many cases, a switch to prevention is not legally allowed. Some Sites that have tried to transfer resources to prevention have found that it is difficult to channel staff behavior from crisis intervention to prevention. Because families in crisis display the greatest immediate need, service workers feel compelled to help them first. Sites think that this difficult conflict could be alleviated with a greater State commitment to fund preventive services. However, Sites realize that it is difficult to persuade State law makers to focus on prevention because it is difficult for Sites to prove that prevention produces a cost savings in the short term. Rather, in many cases improvements would not be manifested until many years later.

Providing an Appropriate Range of Services

Sites recognize that the needs of their communities are great. However, there are simply not enough private or public resources available to realistically meet all these needs. In a time when public agency funding is so uncertain and agencies have sustained deep cuts in the last several years, collaboratives have come to depend more and more on private agencies and community based organizations (CBOs). However, CBOs usually rely on public and private grant funding and have the least stable funding base of all agencies. Despite this barrier to providing all the services a community needs, Sites have developed creative ways to utilize existing resources. In Watsonville, collaborative planners first decided to provide services that were available. Once needs had been identified, the next step was to adapt existing services to better suit families' needs.

Coping With Different Governance Systems

Another major barrier Sites have come across is coping with the separate nature of school and county governance. Because these two entities have entirely different funding streams and fall under separate realms of governance, there is no natural mechanism for these two entities to collaborate. In San Francisco, this became problematic because the school district was not part of meetings between county department heads and was not involved in collaborative efforts that emerged from these meetings. For Sites such as Los Angeles County, this became a problem because there are so many school districts for county agencies to collaborate with, each with its own school board. Collaborators feel that the separation of governance systems makes collaboration more complicated, thereby increasing their workload. Sites realize that the separation of these two entities is not likely to

change without a dramatic change in governance structure, a change that is politically infeasible and beyond the power of local level officials.

The last five years have moved the service integration effort substantially forward. Sites have made great strides in coordinating service delivery and providing a single access point for services. However, Sites have felt obstructed from achieving significant system-level changes and feel that greater State and federal action would be necessary to move systems change ahead.

PART II- Healthy Start

Healthy Start is a California initiative passed in 1991 that provides grants to LEAs to create school-linked services. LEAs are awarded 2-year planning grants and 3-year operational grants to create innovative, collaborative partnerships to meet the health, mental health, social service and academic support needs of low-income children, youth and families in a school setting. The grant is awarded only to LEAs and requires a matching contribution to stimulate local investment in service integration. The intent of Healthy Start is to involve a variety of public and private agencies in a collaborative process. Accordingly, part of the grant can be subcontracted out to other agencies.

The initiative came at a time when the seven California communities interviewed were at different stages of development. Some already had working school-linked models while others had just begun to explore the school-linked services concept. While Healthy Start was a positive force overall, it also created barriers to achieving the vision of service integration and systems change. Sites have not been able to overcome all of the barriers Healthy Start has caused but have recommendations on how the initiative could be changed to eliminate these barriers.

Positive Aspects of Healthy Start

Some Sites feel that Healthy Start provided a carrot to entice them into service integration. By giving local communities the necessary funds to begin school-linked services efforts, Healthy Start whetted appetites of local officials to invest long-term local resources as well. Some Sites felt that Healthy Start represented a new State commitment to an idea that had been struggling to rise from the local level. Many grass-roots organizations and line workers had been trying to make coordination a priority for years but had not been able to obtain commitment from top local officials. With the allure of Healthy Start money, many of these long-time struggles ceased and agency executives were more eager to collaborate. Most communities felt that Healthy Start brought an essential new energy to service integration as many existing efforts were sped up and many new initiatives were jump-started. In a time agency funding was being slashed, Healthy Start gave people involved in child and family services a much needed manifestation of a State commitment to children.

Leadership and Funds at the Right Time
When the announcement for Healthy Start grants was released, Oakland collaborators felt like they could have written it. For two years, the Oakland School District and the Urban Strategies Council had been working on a "data match" of students living in the Oakland flatlands. The emerging study, entitled *Partnership for Change: Linking Schools, Services and the Community to Serve Oakland Youth,* documented what everyone involved in serving children, youth and families already knew: many agencies were repeatedly serving the same clients and not coordinating services. The results of the study created momentum for public agency heads and community based organizations to meet together.

A desire to create school-linked services emerged from these efforts, but there were few financial resources to support the idea. When Healthy Start was announced, the timing was perfect for Oakland to begin putting the dream into practice. The grant provided the necessary leadership and funds to jump-start efforts that were already being conceived at the local level.

Barriers Caused by Healthy Start and Recommendations to Overcome Them
While Sites acknowledge that the Healthy Start initiative has lent essential support to service integration and school-linked services, they also feel that the initiative has brought its own barriers to service integration. Sites identified six main barriers to service integration caused by Healthy Start: the initiative is too school centered; the grant has a categorical appearance; it is difficult to incorporate existing plans into Healthy Start; Sites have felt pressured to plan too quickly; there were too many local pilots to implement and coordinate at once; and some Sites thought they understood the school-linked service concept but could not attain funding.

"Educentricity" of Healthy Start
Several Sites feel that the design of Healthy Start is too school centered. Because the grant goes to the local education agency (LEA), schools automatically assume a leadership role because they are accountable for the money. In most Sites, this caused school districts to take a lead in the process and often to assume the brunt of the work.

Because other agencies do not have the directive to collaborate as schools do, they are not always as willing to participate or lend resources to Healthy Start. Another problem "educentricity" has created is that the focus of the effort is on schools. Instead of building on the attitude that all the actors are joining together to collectively improve outcomes for children, a perception has arisen that the purpose is to help schools with the problems they face. Many Sites think that the grant should have been given to a joint governance body that would share accountability for the funds. Otherwise, collaboration is seen

too much as the school's responsibility when it should be a responsibility shared by all actors in the field of children's services.

Because "educentricity" lies at the heart of the design of Healthy Start, Sites feel that they will never be able to completely overcome this barrier. Usually, the goodwill of other agencies and their concern for children enables actors to come to the table to discuss collaboration. Sites have also tried strategies such as rotating co-chairs at meetings to give non-school actors a share in governance.

Categorical Appearance of Healthy Start
On its surface, Healthy Start looks like many other categorical grant programs. It gives two-year grants for planning and three-year grants for operation, requires matching funds, and is administered through a single fiscal agent. At the LEA level, there is a tendency to be lured by the money involved in the initiative and not treat it as an agent for systems change. For example, Oakland Healthy Start administrators sometimes perceived that the school district saw Healthy Start just as another grant program and did not give it the special attention it deserved. Sometimes personnel that had been integral to a Healthy Start school were transferred to another location, without regard for how the change would affect the larger Healthy Start effort. School administrators thought that district leadership should have been giving Healthy Start more of a priority since it was supposed to be fostering long-term systems change. Sites feel that schools and other agencies must be able to see past the categorical appearance of Healthy Start in order to move towards systems change.

Incorporating Healthy Start into Existing plans
Several Sites such as San Bernardino, San Diego and Fresno already had school-linked services initiatives when Healthy Start began. These Sites faced the challenge of incorporating Healthy Start into these plans. In San Bernardino, The Children's Network already had one existing school-linked services site and had plans to also experiment with providing integrated services in community settings outside the school. The Network decided to utilize Healthy Start but also to experiment with other community based models. In San Diego, a host of new pilot sites was added to the original plans, overwhelming the staff responsible for linking all the sites together. New Beginnings' experiences are highlighted below.

Sites recommend that the way to deal with this challenge is to have a flexible plan that can accommodate changes and additions that occur in the outside environment. However, Sites emphasized that service integration leaders should not lose sight of the group's larger vision when adapting to new circumstances.

Fitting Healthy Start into New Beginnings
San Diego County's New Beginnings initiative began in 1987. The effort's first demonstration center at Hamilton Elementary School opened in September 1991, the same month Healthy Start was signed into law. New Beginnings leadership had plans to expand to three other pilots sites in Vista, El Cajon and National City. However, when the first Healthy Start grants were awarded in May 1992, New Beginnings found that the number of schools implementing school-linked services had grown to 50. Staff to provide technical assistance did not increase accordingly and two people were left to provide technical assistance to an overwhelming number of schools. This unplanned, rapid expansion caused a rethinking of New Beginnings' expansion plans. Measures have been taken to fold Healthy Start into previous plans. For example, New Beginnings collaborators decided to delay implementation of their Management Information System to incorporate many of the data elements needed for the Healthy Start evaluation so that all sites would have compatible data.

Rushed Planning
In a time of fiscal crisis, local communities were unsure how many years new Healthy Start funding was going to be offered. Schools that obtained planning grants in the first year had two years to use their grant but felt rushed to finish planning quickly and apply for an operational grant while funds were still available. The actual time between the award of Healthy Start grants and the deadline to submit proposals the next year was a period of only seven months. Many communities thought that they needed more time to actually work out relationships and formulate solid plans. In other cases, rushing to implement school-linked services was imperative to illustrate that the concept could actually show results in order to keep actors motivated.

Inability to Fund Existing Sites
Some Sites that already had working school-linked models found Healthy Start funding difficult to obtain. In some cases, this may have been a problem of translating models into fundable proposals. In other cases, Sites sensed that grant reviewers rewarded those with slick proposals as opposed to communities that genuinely understood the school-linked services concept. Some Sites felt that the process used to review Healthy Start proposals was fundamentally flawed and was not designed to fund the best models. These Sites thought that there were not enough grant reviewers per application. They also thought that many reviewers did not have a full understanding of service integration and were inclined to give high scores to proposals that resembled the status quo. Sites that were not funded had to turn to other resources to continue funding these pilots. In the long-run, these Sites could be better off because they may be relying on more stable funding than a two- or three-year Healthy Start grant can provide.

Large Number of Pilots
In small communities, only two or three Healthy Start sites began at one time. However, in other places such as Los Angeles County, 15 grants were awarded in the first year of the initiative. Establishing the necessary connections with agencies to participate in the effort and begin to lend resources was difficult to do for so many Healthy Start sites all at once. Some interviewees felt that it would have been better to phase school-linked services in more gradually with only a few pilot sites. This way, school districts could form relationships with one agency at a time.

As this discussion shows, Sites have not been able to overcome all of the barriers caused by Healthy Start. Rather, Sites have suggestions on how Healthy Start could be restructured and administered differently. However, it must be noted that Sites agree that Healthy Start has been invaluable in spearheading the school-linked services effort and fundamentally support the system-wide change that Healthy Start hopes to eventually achieve.

PART III- Governance

Service integration originated in varied ways among the seven California communities. For most, the process began top-down with county or school district leadership. Others started at the middle management level while one began at the community, grass-roots level. Based on their experiences, Sites had a great deal of agreement about the best way to begin a collaborative. Once the core of a collaborative was established, Sites engaged in a variety of strategies to foster buy-in of actors at multiple levels of agencies and communities. Sites also gave suggestions about the way to set up a governance structure for a school-linked services effort.

At What Level Should a Collaborative Begin?

While Sites began their collaboratives at different levels of agencies and communities, there is remarkable agreement about what types of strategies are best. Most Sites recommend one of two approaches: start top-down and transition to bottom-up; or encourage a top-down and bottom-up process to occur simultaneously. Both variants of this idea focus on the necessity of multi-level input to obtain the support of all actors involved. Case studies of how three collaboratives began are described below.

Top Down Collaboration in San Bernardino

A county collaborative called the San Bernardino Children's Network was created in 1987. The County Board of Supervisors and the Juvenile Court spearheaded the collaborative but there was no real lead agency. In 1989, San Bernardino County became the first California county to be named an SB 997 county. Kent Paxton, director of the Children's Network believes that starting at this top level was ideal. He believes that the people in power and policy-making positions must believe in the idea of service integration to make it work. Without their support, Paxton believes the effort would have never gone beyond an enhanced level of communication between agencies. After beginning top-down, the effort in San Bernardino encouraged multi-level input but remained strong at the policymaking and county levels.

Collaboration at the Grass-Roots Level in San Francisco
The Healthy Start initiative came at a transitional time for San Francisco. The City was welcoming a new mayor and school superintendent and did not have a strong collaborative in place in spring of 1992 when applications for grants were due. However, schools and CBOs saw Healthy Start as an opportunity to collaborate and provide more comprehensive, integrated services as they had always hoped. These neighborhood based coalitions were successful in obtaining grants and have individually collaborated with members of county organizations and many community based organizations.

This grass roots effort has been very successful but has not benefited from support or leadership from city and county government. However, more top-level leadership could come from a local measure called Proposition J that pools a significant portion of the money available for children's services and gives leadership to the Mayor's Office of Children Youth and Families to develop a collaborative process for allocating dollars without the traditional categorical barriers.

Starting in the Middle in Los Angeles County
Middle managers and school nurses in Los Angeles County had struggled for years to get the attention of people in power to begin a service integration effort. With the help of outside actors, they were finally able to call attention to the need for collaboration in children's services. A report released by the Robert Wood Johnson Foundation on the health of children in Los Angeles County and the announcement of Healthy Start created valuable ammunition for middle managers to use in arguing the case for collaboration. With the lobbying efforts of determined individuals, service integration finally became a priority for the Board of Supervisors and County officials. These officials created a county collaborative called the Children's Planning Council and a subcommittee on school-linked services.

Barriers to Buy-in and Strategies for Fostering Buy-in
No matter whether the collaborative started at the bottom, top or middle administrative level, Sites had to obtain support, buy-in, and input. Sites realize that collaboration is not merely an effort where actors lend their support to an idea. Rather, there must be a process where all actors can give input and develop ownership of the group's ideas. There is a need to obtain support from all people involved in collaborative services such as teachers, parents, line personnel and key agency officials. Without buy-in, these actors would feel that these changes were imposed on them and would be unlikely to implement them at the service delivery level. While there are several barriers to fostering buy-in, Sites have used many effective strategies to gain support for service integration.

The key barriers to obtaining buy-in are a lack of funds for agencies to make firm commitments and a history of token involvement for middle managers and line workers. Because of the uncertain State budget situation, agencies have been unsure of how much they can contribute to school-linked services. While the agencies may genuinely believe in collaboration, some feel that this is not the right time to be committing any resources.

Another barrier to full support of service integration is that line workers and teachers are accustomed to having token involvement. In the past, teachers and line-workers were sometimes allowed to voice their frustrations and make suggestions, but their input was not always valued or taken seriously. Rarely did they develop a sense of ownership of concepts and reforms. This tradition made some line workers and teachers apprehensive to giving input and support to service integration.

Sites have a variety of strategies to obtain buy-in, support and input. The key to obtaining this type of support is a continual process of sharing the vision of collaboration and obtaining periodic input from all actors so that they all develop ownership of the idea. Ultimately, the collaborative must build incentives for doing business a new way in order to shift the culture of institutions to a more collaborative nature. To obtain support from line workers and teachers, several Sites have been conducting in-service training sessions and retreats to teach them the concept of collaboration and how it can make their jobs easier. In other Sites, buy-in from this group was relatively easy to obtain because the teachers and line workers had been collaborating informally for years. Sites feel that teacher and line-level buy-in has been best when the collaborative responds to their concerns and a strong relationship is built between high level agency officials and these actors. To obtain the support of CBOs, many Sites have done outreach by calling open meetings and by personally inviting them to join the collaborative effort.

Retreats for Service providers
The office environment is not always the best place to foster collaborative relationships between school staff, social workers and other service providers. In Watsonville, retreats located away from the office setting have been an effective way to allow people to relax in a non-threatening setting in order to build the trust necessary to collaborate.

Setting up a Governance Structure

Sites have also learned some valuable lessons in how to set up a governance structure. Sites emphasized that a clear governance structure should be set up early on in the process to ensure clarity about each agency and organization's role in the collaborative. Ideally, the governance structure should not be under any single agency in particular. Sites also thought that collaborative

agreements should be formalized through Memoranda of Understanding (MOUs) to secure strong agency commitment. Another concern Sites had was whether or not to have a lead agency. For some collaboratives, it was integral to the effort to have a strong leader in the beginning to jump-start the effort. However, a lead agency is not desirable in the long-run because the collaborative appears to be driven by the agenda of one agency. Some Sites emphasized that collaboration must become the agenda of each agency and that it is best to quickly work towards not having a lead agency to allow for truly collaborative governance. Lack of a lead agency also creates incentives for all agencies to share in the governance of the collaborative.

As this section shows, Sites have learned about the necessity for multi-level input in the governance of a collaborative. Sites have also learned many effective strategies for securing the input, support, and buy-in they need to solidify the collaborative. In addition, the Sites have learned about the key elements needed to set up an effective, long-lasting governance structure.

PART IV- Process of Collaboration

For many people, the idea of collaboration is new and difficult to adjust to after years of categorical programs and "projectitis.[3]" At the heart of service integration is the idea that agency and community members must begin to share decision-making roles, reach consensus, share information, build trust and work together to provide effective and efficient services for children and families. Sites have learned a great deal about the processes needed to move people towards this new mode of thinking. While there are several barriers to cultivating a nurturing environment where collaboration can thrive, Sites have developed many successful strategies to foster collaboration. The main lesson emerging is that collaboration will be an evolving process that will take much longer than Sites and policymakers anticipated.

Barriers to Effective Process of Collaboration

The major barriers to creating a collaborative atmosphere include: lack of collaborative skills, unfamiliarity with the concepts of collaboration, the fiscal outlook, the amount of time it takes to collaborate, and the size of the collaborative effort.

Lack of Collaborative Skills

Many actors such as agency workers, teachers and parents have never used the skills necessary for collaboration. Because these actors have become accustomed to the norms of categorical programs, time must be taken to introduce them to a new mind-set and collaborative skills before the collaborative process can be successful. Many agencies and CBOs have been acting in such isolation that they do not know the cultures of each other's agencies or speak the same professional language. In addition, many agencies are not accustomed to an environment where they are expected to have equal power and share turf. For line workers, the traditional, isolating nature of their work sometimes makes the ideas of sharing information and designing case plans together foreign concepts.

Negative Fiscal Outlook

The negative fiscal outlook is often cited as a barrier to an effective process of collaboration. Building strong relationships, trust, and learning to make consensus decisions is difficult to foster in a time when public and private institutions are in financial jeopardy. When public and private agencies are unsure of future funding, their time is occupied by activities that will ensure viability of their agencies. In some Sites, the time and extra resources needed for collaboration have made agencies less willing to become involved. However, some Sites have used the fiscal crisis to their advantage by

[3]Projectitis can be defined as a tendency to create projects to meet specific needs without regard to existing efforts to meet these needs or other related needs. Projectitis also ignores the potential to change the system to address more comprehensive needs.

convincing agency members that collaboration is the key to future viability of agencies serving children.

Time

Time is another key barrier to an effective process of collaboration. Time is needed to learn how to collaborate, learn the cultures of each other's agencies, to build trusting relationships between all actors involved, to organize meetings, and to engage in dialogue with State policymakers. Because staffing is so tight at many agencies, collaboration is something that staff do in addition to their full-time duties. There are few staff available who can devote substantial amounts of time to collaboration and be compensated for it. Often, it is difficult for staff to justify the time they spend collaborating because they have few tangible products to show for it. Some Healthy Start sites have alleviated this concern by using grant money to hire additional staff such as school-linked services coordinators and administrative personnel.

Size of the Community

The size of the community may also present challenges to large areas such as Los Angeles County and San Bernardino County. The size of these locations makes the process of securing buy-in, support, and input difficult because there are so many actors involved that it is difficult to reach them all. Even without high turnover rates, Los Angeles County will always be struggling to share the vision with new people. In contrast, smaller communities such as Watsonville have had a less onerous task securing buy-in, input, and support because there is only a small, core group of community members and service providers to involve. Size also presents problems coordinating the numerous regional offices of county agencies. Los Angeles County has begun to tackle this barrier as described below.

The Size Barrier in Los Angeles

Los Angeles County is as big as some states on the East Coast. To deal with its immensity, County agencies have traditionally divided the County into different jurisdictional areas. As these jurisdictions evolved, they became intricate and different across agencies. Some areas such as South Central Los Angeles were dissected and served by several jurisdictions of the same agency. When Los Angeles County began to work towards service integration, collaborators realized the geographic jurisdictions of agencies were a large barrier to collaboration. The Los Angeles collaborative, The Children's Planning Council, has devised a new system that simplifies and more closely meshes geographic boundaries of agencies.

Strategies for Effective Process

Because the idea of collaboration is new to many people, Sites have designed strategies to foster a collaborative process. Some of the key strategies include:

developing an effective process for meetings; mapping out the issues facing agencies and communities; being realistic about what can be accomplished; and establishing clear lines of communication.

Meetings

For all Sites, the first step to good collaboration is developing an arena for communication. Usually, collaboratives try to foster this communication by holding regular meetings. The way these meetings are conducted greatly affects the quality and speed of the collaborative process. In Watsonville, for example, the Healthy Start collaborative uses a facilitator that is not directly involved in the collaborative. This practice helps allow stakeholders to freely participate and ensures that the facilitator does not have an agenda to impose on other participants. Watsonville emphasized that the facilitator must be skilled in creating a process where people's ideas may be heard and uncensored. There has to be an environment where all actors feel that what they are doing is mutually beneficial and non-threatening to any one agency. There must also be a process created that allows for discussion, argument and failure. When a problem or tension arises, the facilitator must be able to get the group to look at the process that is causing the problem instead of blaming the people involved. Ultimately, an effective collaborative process should begin to build positive, trusting relationships between all types of actors involved.

Mapping out the territory

Another key to cultivating an effective collaborative process is to map out the territory in advance. Having an idea of the issues facing each public and private agency will help collaborators understand the underlying reasons for their actions. It also gives participants a chance to learn about what each other does and to develop a broader perspective on how they can come together to help children and families.

Another key component to mapping out the territory is being aware of the political environment. In many communities, improving access to services is not a popular agenda. Many people would rather reform the welfare system to create incentives for people to be taken off the rolls. For example, San Diego's New Beginnings realized the importance of the political environment when the school board of one of the planned pilot sites refused to allow submission of a Healthy Start proposal because of a conservative backlash. New Beginnings overcame this barrier by locating an off-school site and funding it with city money.

Realistic Expectations

Sites have also found that it is effective to have realistic expectations of how much collaborators can accomplish. Most State level policy makers and local communities initially thought that reform of the children's services system would only take a few years. Accordingly, Healthy Start was created as a two-

year planning grant and three-year operational grant effort. However, Sites have found that they had severely underestimated the amount of time it would take first to establish a collaborative process and environment, let alone implement a new service system. Sites feel that the categorical, fragmented way of providing services to children and families is so ingrained in the practices and conscience of the field of children's services that a long, evolving process is necessary to change the system. High expectations are dangerous because they can set actors up for failure and disappointment. Rather, Sites have found that informing collaborators and policymakers that systems change will be a slow, evolving process is more realistic and opens the door for long-term change as opposed to simple, piece-meal efforts.

Need for Clear Lines of Communication

Because successful collaboration must take place between agency levels, clear lines of communication must be established between agency decision-makers and site-level workers and collaborators. The need for an understanding about roles and expectations is illustrated in the following examples from Fresno and Oakland.

When schools began to apply for Healthy Start grants in Fresno, they wanted to hold collaborative meetings with people from county and private agencies. However, one problem schools encountered was that agencies often sent people to meetings who did not have the authority to make decisions. Because this led to a slow approval process, school staff decided to meet with decision-makers individually to circumvent this problem. This process is time consuming and points to the need for a clear understanding of what type of personnel are expected to attend collaborative meetings.

In Oakland, pilot sites and school district administrators are also struggling with effective lines of communication. Oakland Unified School District has been wrestling with how to provide technical assistance to school-linked services pilots without stifling creativity and decision-making at the local level. They have tried to support the creativity of pilot sites by encouraging district officials to support actions occurring at the pilot level. However, this has not always been possible. For example, when schools asked for county workers to be out-stationed at each school, district officials felt it would be best if the district negotiated with the county as a whole instead of allowing each school to negotiate with the county individually. As a result, the district created a uniform structure of Family Support Teams to do case management at each school. While schools felt that this structure was somewhat imposed on them, the district saw it as an administrative necessity. This example points to the need for schools and agency officials to clearly delineate what kinds of decisions can be made at the school site level and what an appropriate intervention from the agency level would be.

This discussion of the process of collaboration illustrates how Sites have begun to fundamentally change the cultures and norms of the traditional service system. While the Sites have developed strategies to nurture an environment that will lead to collaboration, they now realize that the collaborative process will be a long, evolving process and are adjusting expectations accordingly.

PART V- Parental Involvement

All seven Sites specified parental involvement as an intrinsic goal of their service integration efforts and Healthy Start. The Sites realize that parental input is essential for creating a children's services system that is truly responsive to families' needs. In addition, Sites recognize that parents, just as other actors, must develop ownership of reforms. Sites want parents involved at the governance level through planning committees and councils and also as active partners at the service delivery level. Overall, Sites perceive that parents have been involved a great deal at the service delivery level but not as much as Sites would have liked at the decision-making level.

Barriers to Parental Involvement

There were two main barriers to parental involvement: hesitance by parents, and hesitance by schools and agencies. Parents were hesitant due to varied factors. Because of bussing in urban areas such as San Francisco, some parents live a long way from the school site and are not as apt to come to meetings. There are also cultural and language barriers. For instance, in Fresno and San Francisco, Asian families did not seem as receptive to being involved as other cultures. In other areas such as Watsonville, parents did not want to become involved in governance because they were accustomed to a more advisory role. At a basic level, many parents feel that school and agency environments are unfriendly and unwelcoming. A problem in many Sites is that parents were not very interested in participating in governance. Parents like to see results from their actions and are not as open to working with schools at such an abstract level.

Another major barrier to parental involvement is resistance by schools and agencies to having too much parental input. In several Sites, teachers and other school staff have given a lot of lip service to having parents involved but have been reluctant to give parents any real power for fear they would have too much control. In many ways, this is a problem of schools not being institutionally prepared to receive parents into the decision-making process. Many schools do not know which decisions should involve parents.

Other times, agencies do not value parental involvement as much as they value input from other public and private agencies. At joint agency meetings, participants are sometimes judged by how many resources they can bring to the table. With this mind-set, parents are not valued as much as organizations.

In other cases, schools and agencies have solicited only token involvement from parents. Schools have traditionally sought parents' support and buy-in to existing plans, instead of using parents as part of the decision-making team. Thus, parents have not usually had an opportunity to see that their ideas matter and feel that they have ownership of what is being decided.

Strategies to Overcome Barriers

All seven Sites have used a variety of strategies to increase parental involvement. At a service delivery level, a school in San Francisco has tried to make the service delivery process less threatening. For instance, discussions between a family and service providers are held with all participants facing a wall with chart paper. This puts all participants on an equal authority level and takes away the confrontational atmosphere that arises when case managers directly face the family. To make parents feel at-ease and steer discussion in a positive and productive direction, discussion always begins with the child's strengths.

To increase involvement at the decision-making level, Sites have tried a wide variety of approaches. Strategies have focused on gradual involvement, sustaining commitment to parents, creating parental empowerment groups, and hiring an outside group to focus on ways to increase involvement.

Gradual Involvement

Sites have found that getting parents involved at a basic level and working up to involvement in governance is effective. For example, at New Beginnings, some parents begin involvement by volunteering at the New Beginnings Center where services are provided. Later, they move to working on the School-Center Task Force, a body that deals with relations between the school and the Center. In San Francisco, hard-to-reach Asian parents were involved by creating an English as a Second Language (ESL) class to begin their involvement with the school and Healthy Start.

Sustaining Commitment to Parents

Sites have found that parents are most receptive to being involved in governance when they can see a sustained commitment to parental involvement. A level of trust must be built up over time to keep them interested in long-term, continual involvement. Sites realize that they have to listen to what parents have to say and respond to their concerns so that parents can see action coming from their efforts. To get parents to meetings, many Sites are consistently providing transportation, language translation and child care. Sites have also been able to show sustained commitment to parental involvement by involving parents in school governance councils and by building on parental involvement efforts begun as part of former programs such as drop-out prevention or Chapter 1 restructuring.

Parental Empowerment Groups and Other Approaches

Another popular strategy is to start parental empowerment groups. Watsonville and San Francisco are both beginning these models. These groups focus on parents taking charge of their lives and taking a heightened role in solving their problems through activities such as participating in the governance of collaboratives. Watsonville's parental empowerment program is illustrated below.

Parental Empowerment in Watsonville
Watsonville families came together over a series of natural disasters that devastated the agricultural town and its economy. After the Loma Prieta Earthquake of 1989 and the freeze of 1990, parents realized that uniting together was empowering. At Healthy Start sites, a group called Community/Parent Involvement and Empowerment (C-PIE) is working together to make parents partners in the schools and in service delivery. Parents are learning to make presentations to other parents so that they can organize themselves and inform others of local services such as quality, affordable child care.

Sites had a variety of other ideas on how to increase involvement. In Oakland, an outside group is being hired to look at ways to increase parental involvement. Other approaches to attract more parents include putting on a performance by students as part of a parent meeting and sponsoring a multi-cultural fair. Another key is to get parents involved early on in the school year when they are eager to try something new.

The diversity of strategies to attract parents into the integrated services movement illustrates both the variety of approaches possible and the need to tailor efforts to each community. These strategies also show a commitment by Sites to create a service system that is truly responsive to the needs of parents.

PART VI- Sustainability of Service Integration Efforts

Because the goal of service integration is to create system-wide change, the long-term viability of school-linked services efforts is imperative. Some Sites feel that they have adequately prepared for their efforts to continue into the future while other Sites feel they still face many barriers to long-term viability. While all Sites acknowledge that there are key barriers to sustainability of service integration efforts, some feel that the vision of collaboration has been imbedded in their communities enough to render these barriers insignificant. Others sense that the amount of buy-in they have built up will not adequately sustain their efforts and that other steps will be necessary to ensure longevity. Sites identified several key barriers to sustainability but also felt that they know what needs to be done to enhance the sustainability of service integration.

Threats to Sustainability and Countering Strategies

Sites identified several key threats to sustainability: the State fiscal crisis; rapid turnover at agencies and the constant need to foster buy-in; and a tension between working out present problems and planning for the future.

Fiscal Crisis

The State fiscal crisis has placed a dark cloud over the potential sustainability of service integration efforts. Many Sites feel that the short-term nature of Healthy Start and the shrinking budgets of public agencies has put the future of local efforts, expansion efforts, and system-wide change in jeopardy. Because Sites acknowledge that fiscal woes are not likely to ease in the near future, they have turned to alternative means of funding.

Sites have begun to tap other State, federal and private resources. For example, San Francisco has been awarded a grant from the California Child Abuse Prevention Office to create a family resource center that will provide some Healthy Start services. Another Site suggested that the President's new National Service Corps could be a source of future staffing. Other Sites have been looking towards private foundations and enhanced support from CBOs. Foundations in California have taken a particular interest in funding service integration in the long term as described below. Another strategy is to maximize funding from federal entitlement programs such as Medi-Cal through the new California LEA Medi-Cal Billing Option and other new billing categories. In San Francisco, long-term funding for integrated services could come from a local measure called Proposition J that pools a substantial portion of funding for children's services and eliminates the traditional categorical funding barriers. However, San Francisco's tight budget has made it difficult to develop a collaborative process to allocate these dollars.

A New Role for Foundations
Foundations have traditionally funded short-term, innovative projects. However, with the demise of stable public funding, foundations in California have taken an assertive role in investing in long-term goals. The Foundation Consortium for School-Linked Services is a group of 15 California foundations that are investing in long-term change of children's services. The Consortium has become a partner in state policymaking and decisionmaking and has been active in funding the evaluation for Healthy Start, as well as other school-linked services efforts in California.

Turnover and the Need for Buy-in
Many Sites have experienced high rates of turnover in executive agency personnel, line staff and teachers. Because service integration is such a marked demarcation from the usual way of doing business, having key political figures, agency heads or agency staff who have not bought into service integration can set an effort back or lead to its dissolution. For example, in San Francisco, turnover of the Mayor and Superintendent during the same time period caused a virtual stall in county level service integration until they were replaced. Turnover in San Francisco County agencies also created the need for one school to negotiate agreements to out-station workers twice: once when writing the Healthy Start grant proposal and again after the grant was awarded. In San Diego, the New Beginnings effort has also experienced a great deal of turnover. While only one agency head remains from the original group that spearheaded the initiative, most new agency directors rose from within each agency and were previously involved with the effort. In San Bernardino, the Children's Network has tried to tackle the turnover dilemma by creating a continuous process to foster buy-in and acculturate personnel into a collaborative mode of thinking.

Present vs. Future Planning
Another threat to sustainability of service integration is a tension between working out problems that arise in implementation versus planning for the future. Indeed, creating a quality school-linked services model will ultimately motivate others to sustain it. Nevertheless, the task of doing both simultaneously in a short time-period can be overwhelming. So far, Sites do not have many strategies to overcome this barrier.

Other Strategies for Sustainability
Sites had many ideas about strategies that could create sustainability such as: institutionalizing service integration; publicizing positive outcomes for children as soon as possible; tailoring service integration to each community; and creating a strong constituency of parents who will advocate for service integration.

Institutionalization
With limited funds available for the future, institutionalizing school-linked services is integral for long-term viability. Sites indicated that several key components must be institutionalized: collaborative job roles; a collaborative governance body; and a collaborative mind-set. To change job activities, Sites advocated reassigning personnel to expanded, more collaborative roles. Job descriptions that have been redesigned to incorporate collaborative functions and duties will endure when funding is no longer available. Los Angeles County is working on institutionalizing collaborative roles by creating a cross-training plan for workers involved in school-linked services. The plan will be self-perpetuating. A core group of people will be trained who will then become trainers of other trainers.

The second component Sites feel is intrinsic to institutionalization is creation of a collaborative council or other established governing body. The governing body must have formal, written commitments from other agencies and a clearly defined sphere of influence to carry weight in the future. All agreements between agencies should also be in the form of MOUs to create documented authority and longevity. Sites also think that the collaborative should have a broad, flexible vision that can accommodate changes in the environment.

The third component to institutionalization is a collaborative mind-set. Sites feel that the State must make a commitment to help Sites understand the service integration concept and to support them in their efforts. There must also be serious agency commitment to service integration at all levels of local agencies.

Show results early
Most Sites agreed that the enduring fiscal crisis creates the need to demonstrate to policymakers that service integration is worth funding and that pilot efforts should be taken to scale. While all Healthy Start sites must complete an evaluation for the State, almost all Sites interviewed were creating some other type of evaluation on their own. They hope that these evaluations will document improvements not only in the service delivery system but will also illustrate improved outcomes for children. Showing positive results will help garner funding as well as motivate those working on school-linked services to have faith in what they are doing and inspire them to continue.

Tailor Service Integration Efforts to each Community
Service integration efforts are also likely to continue into the long-term if they are tailored to the specific needs of local communities. Each community is different: Watsonville has a large farm worker population and some communities in San Diego have a strong conservative representation. Because these communities have such different personalities and needs, Sites indicated that a "cookie cutter approach" would not be appropriate. New

Beginnings has tried to put this lesson into practice when working on their three expansion sites. All expansion locations are engaging in the same process but are not designing identical models. For example, one of New Beginnings' sites is not on the school campus because the school board did not want school-based health services.

Develop a Non-Professional Constituency

Another key to sustainability of service integration is fostering a non-professional constituency of families who will advocate for service integration. Traditionally, advocates for children's services have been professionals who administer services or agency administrators. While this constituency is sincere, the public can sometimes perceive these professionals as more interested in keeping their jobs than in helping children. Instead, it could be more beneficial to have a strong constituency of *families* who can go to lawmakers and demand school-linked services. Some Sites felt that policymakers would be very persuaded if recipients of services vocalized that service integration has helped to improve their lives in ways that the traditional, fragmented model never could.

Catching Attention With a New Coat of Paint

New ideas catch people's attention and motivate them to become active participants in an effort. Right now, the ideas of collaboration and school linked services are fresh and different from the categorical and isolated programs of the past. However, like the paint on a new car, service integration will begin to lose its luster. Kyle Fiore of St. John's Educational Thresholds Center in San Francisco has ideas on how to renew this luster without purchasing a new car. She believes that in about six years or so, school-linked services will need a new twist to become appealing again to funders, CBOs, and public agencies.

She envisions a process similar to what occurred with VISTA, the domestic Peace Core. The program had a strong start in 1960s but by the 1990s, VISTA was unknown and lingering on with little funding. The idea of serving America came alive again recently when President Clinton added a new coat of paint and created the National Service Program. It is based on the same principles as VISTA but is a "new idea" because of its links to Federal financial aid for college students. Similarly, school-linked services will eventually have to find this new coat of paint.

These creative ideas for sustaining service integration illustrate that people engaged in school-linked services have put serious thought into the future of their efforts. While some barriers such as lack of future funds seem insurmountable, some Sites have already begun to make their way around them. This shows that some Sites are truly committed to the long-term goal of systems change.

CONCLUSION

The seven California communities interviewed in this study are pioneers in the service integration movement. While they have been among the first to enjoy the benefits of service integration, they have also been the first to encounter barriers and to struggle to overcome them.

Overall, the Sites have made marked progress in achieving the vision of service integration in the past five years. This study shows that Sites have made substantial progress in changing the delivery of services but have become stalwarted in making system changes. Sites feel that more State and federal government action is needed to move forward with the systems change process. Sites feel that the Healthy Start initiative provided a good start in the quest for systems change. The initiative has provided essential leadership and funds to begin the service integration process. However, Healthy Start has also brought barriers of its own to local initiatives.

Sites have learned many valuable lessons about how to foster service integration. Whether an effort begins top-down from agency executives or bottom-up from the grass-roots level, Sites recommend that a transition to multi-level input and support should be done as soon as possible. Sites also learned many strategies for obtaining the buy-in, input and support of those active in the realm of children's services. Because the process of collaboration is such a new idea to many agency officials and community members, Sites have been learning what strategies work best to nurture a collaborative process and atmosphere. Sites now realize that collaboration is an evolving process that will take much longer than policymakers and communities expected and that all actors should have realistic expectations of the amount of time a school-linked services effort will take.

Another area where Sites have learned many lessons is parental involvement. Because parental involvement is at the core of many Healthy Start sites' goals, Sites have experimented with strategies to increase involvement. Sites have been very successful in getting parents involved at the service delivery level but not as successful in getting parents involved in governance of collaborative efforts.

Sites have also learned key lessons about factors that will promote sustainability of service integration efforts. Sites feel that there are many obstacles to sustainability because of the fiscal crisis and the short-term nature of Healthy Start grants but feel they know what has to be done to make their initiatives endure.

While these seven California communities feel that they have blazed the path for the future of service integration, they realize that there are still many barriers and challenges they have not overcome and are yet to face. As these

Sites evolve and begin to surmount these barriers, their experiences will be increasingly instructive to other communities and government officials that are also engaged in the service integration movement. While each community is different and no single approach can work for everyone, looking to past experience of others is intrinsic to the success of local efforts.

Appendix A- Descriptions of Sites Interviewed

Fresno County

Fresno County is located in the California Central Valley. It contains an urban center and many agricultural areas. Fresno County has been working towards integration of children's services since 1977 when the county created the Fresno Interagency Committee which is made up of executives of agencies serving children. Out of this effort grew Fresno Tomorrow, Inc., a non-profit that began in 1988-89 through foundation funding.

The collaboratives piloted the Fresno K-Six initiative, which created school-linked services in selected elementary schools for at-risk youth. County Social Workers, Probation Officers and Mental Health Specialists were all placed on site using a 12-source funding base. None of the K-Six sites have been funded by Healthy Start but many new school-linked services sites have been spawned using Healthy Start money.

Los Angeles County

Los Angeles County is a large urban area in Southern California. The county has been involved in small scale collaborative efforts for many years through organizations such as the Los Angeles Children's Roundtable and the Interagency Council on Child Abuse and Neglect (ICAN). After the Healthy Start initiative was signed into law, a county collaboratives was created called the Children's Planning Council. The Council has been active in Healthy Start, defining outcomes for children, creating a staff cross-training program and reorganizing the jurisdictions of county regional agencies. One of Los Angeles County's most publicized school-linked services efforts, Vaughn Street Center, has been able to mobilize parents to govern and volunteer at a school-linked services center.

Oakland

Oakland is an urban city in the San Francisco Bay Area with a large non-white population. Oakland has been working towards service integration since 1990 when it began delivering school-based services with state/federal drug, alcohol and education monies. In 1989, the Oakland Unified School District teamed up with a non-profit organization called the Urban Strategies Council to do a "data match" study to find out how many students were served by more than one agency. The resulting study spurred an effort to create school-linked services utilizing Healthy Start funds. Oakland Unified and the Urban Strategies Council have remained close partners in the collaborative. The collaborative is governed by the Oakland School-Linked Services Work Group which is comprised of public officials and CBOs.

San Bernardino County

San Bernardino County has the most land area of any county in California. It has a large urban area and many sparsely populated areas. San Bernardino

created a county-wide collaborative in 1987 called the San Bernardino Children's Network. The Network became the first county body to take advantage of SB 997, a state program that allows counties to set up collaborative councils and receive waivers from state regulations to provide more integrated children's services. The Network has six components: the Children's Policy Council, the Children's Advocate Council, the Children's Services Team, the Children's Fund, the Children's Lobby, and the Child Care and Development Planning Council. The first school-linked services pilot program in San Bernardino was at Emmerton Elementary School. The council has also been active in creating community-based service models and in setting up Healthy Start pilots.

San Diego County

San Diego County has been active in service integration since 1987 when it set up a collaborative called New Beginnings. The collaborative spent two years conducting a feasibility study before implementing school-linked services at its first site: Hamilton Elementary. The Hamilton New Beginnings Center has three main components: the school, the New Beginnings Center and the Extended Team. The school staff provides referrals to the Center. The Center is staffed by Family Service Advocates who are cross-trained to provide direct services and referrals. Family Service Advocates can refer students and families to specific point people in outside agencies called the Extended Team. The collaborative is currently expanding to three other sites in the County. New Beginnings has been funded mainly by foundations and existing funds.

San Francisco

San Francisco is an urban city with an ethnically diverse population. School-linked services sites have been created at the grass-roots level using Healthy Start funds. Collaborative bodies have evolved around the school site with limited involvement from top school district, City or County officials. City-wide activity has focused on a local measure called Proposition J. This proposition pools a significant amount of local funds for children and gives authority to the Mayor's Office of Children Youth and Families to create a collaborative process to distribute these funds.

Watsonville

Watsonville is an agricultural community with a large farm worker population in Santa Cruz County. The Pajaro Valley Unified School District in Watsonville began involvement in service integration in 1990 with a local conference to facilitate the discussion of the integration of health, social services and education programs. Healthy Start provided the initial funds for school-linked services. County agencies later pooled resources into one fund to partially support these pilots. A collaborative called the Pajaro Valley Healthy Start Collaborative presides over the effort.

Appendix B- Survey Participants

Location	Name	Affiliation
Fresno County	Sandra Day	Fresno County Education
	Jeff Stover	Fresno Tomorrow
Los Angeles County	Susan Lordi	Los Angeles County Educ.
	Deanne Tilton	Interagency Council on Child Abuse and Neglect (ICAN)
	Pam Wagner	Los Angeles Unified
Oakland	Stevan Alvarado	Oakland Unified
	Paul Brekke-Meiser	Oakland Unified
	Susan Lubeck	Urban Strategies Council
San Bernardino County	Kent Paxton	San Bernardino Children's Network
	Janet Reynolds	Emmerton Project
	Lynn Zubiera	Lincoln School
San Diego County	Connie Roberts	County Social Services
San Francisco	Ginny Dold	E.R. Taylor Elementary
	Kyle Fiore	St. John's Educational Threshold Center
	Mei Lam	San Francisco Unified
Watsonville	Christine Amato	Pajaro Valley Unified
	Bonnie Gutierrez	Pajaro Valley Unified
	Janet Reed	Santa Cruz County Social Services

Appendix C- Interview Questions

Accomplishments

1) What are the major accomplishments of your collaborative? What are the most important things you have done for families and for improving service delivery?

Goals

2) In what ways have you made progress towards your goals? To what extent are you still pushing ahead on these goals?
   Examples of goals
   a. Systems change
      1) flexible funding
      2) decentralized decision making
   b. Coordinated service delivery
   c. One access point for services
   d. Reduced eligibility burdens
   e. Providing a range of services that meets the specific needs of the community
   f. Creating a quality assurance and accountability structure for the services delivered
   g. Any other goals?

Healthy Start

3) What difference has Healthy Start made? Did it augment or jump-start the process? Distract you from plans that were already in process?

Process of Collaboration

4) How has the origination of the collaborative (top-down or bottom-up) affected the collaborative process?
5) What strategies have you used to foster buy-in from the opposite end (community or agencies)?
6) Did one agency take a lead in the collaborative process? Has this been a benefit or a detriment?
7) Have there been any other challenges to working in collaborative groups? How have you overcome them?

Parental Involvement

8) How involved have parents and community members been in the collaborative process?
9) Have there been any challenges due to differences in opinion and desires, cultural differences, resistance by parents to being involved, or resistance by agencies to having parents involved? How have you addressed these challenges?

Evaluation

10) Are you evaluating your collaborative efforts? What are the primary outcomes you are evaluating? What initial results have you found?

Policy

11) What specific state/ local policies would make collaboration easier?

Future

12) Where do you see your future? How have you prepared for collaboration to sustain itself? people, finances, etc.
13) What will create or threaten sustainability?

Tips to other Communities

14) What would be your main tips to other communities trying to integrate services? What would you tell them to do and to avoid based on your experience?
15) If you could start all over again, what would you do differently?